



San Diego County

Community Corrections Partnership Meeting

November 3, 2015

Pending Healthcare Waivers

Panel Discussion

Nick Macchione, Director- Health & Human Services Agency

HEALTHCARE OPPORTUNITIES: A SYSTEMS APPROACH

- Team care is better care
- Coordination, collaboration, continuity enhance health services
- Mobilizing and coordinating primary medical services, specialists, behavioral health, and long-term supports increases efficiencies improves housing outcomes, and reduces recidivism



DRUG MEDI-CAL BACKGROUND


Centers for Medicare & Medicaid Services (CMS) approved an amendment to the existing 1115 waiver for Drug Medi-Cal covered services

Goal: improve the quality and availability of Substance Use Disorder services by establishing an organized delivery system

Counties have the choice to opt in


DRUG MEDICAL SERVICES

Those in ***bold italics*** are DMC reimbursable only in counties that opt in:

- ***Case Management***
 - ***Withdrawal Management (aka detox)***
 - ***Residential***
 - Intensive Outpatient (aka day care habilitative)
 - Outpatient
 - Narcotic Treatment Programs
- 

DRUG MEDICAL SERVICES (CONT'D)

○ *Recovery Services*

- Recovery Monitoring
 - Substance Abuse Assistance
 - Education and Job Skills
 - Family Support
 - Support Groups
 - Ancillary Services
- 

DRUG MEDI-CAL TIMELINE

March, 2016:

Decision on whether to opt in or out

April, 2016:

Submit Implementation Plan to DHCS

September, 2016:

Contract with State Executed

July, 2017:

Full Implementation



1115 MEDICAID WAIVER



**Flexibility to Innovate
Beyond State's Medicaid
Plan**



**Must Achieve
Federal Budget
Neutrality**

DHCS' 1115 MEDICAID WAIVER PROPOSALS



Delivery System
Transformation &
Alignment Programs

Public Hospital
System Reform

Global Payment
System

Dental
Transformation

Independent
Access
Assessment

**Whole Person
Care Pilots**

WHOLE PERSON CARE PILOTS

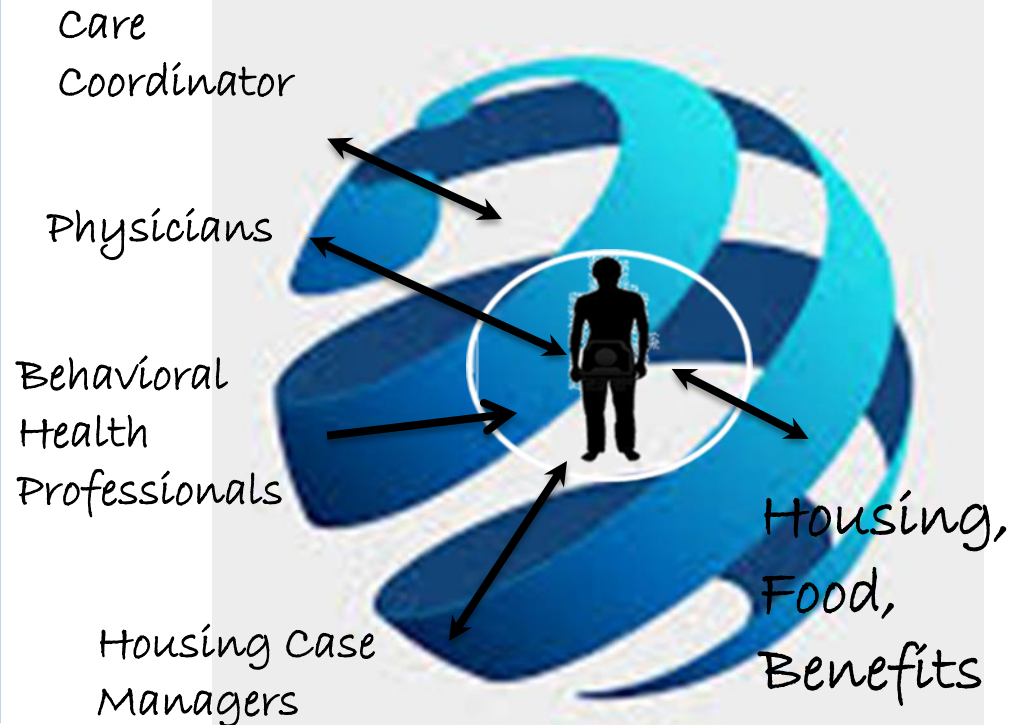


WHOLE PERSON CARE PILOTS

- *Voluntary County/Regional WPC with Option for Housing Supports*
 - Provides competitive process for counties or groups of counties to pursue high risk, vulnerable populations to provide an integrated whole person approach
 - Federal Financial Participation (FFP) \$300 M annually (\$1.5 B over 5 years) based on approved application
 - Counties (along with public partners) responsible for non-federal share (IGT)
 - Counties required to include public & private partners who share responsibility for services and outcomes

HEALTH HOMES: ALTERING/ENHANCING PRIMARY CARE/MEDICAL HOME CONCEPT

Medical Homes:
Physician-Centered,
Medically-Focused



Health Homes: Beneficiary-
Centered, Whole-Person
Orientation, Offered in Person

AB 361: “Health Homes” Bill (Mitchell)

Affordable Care Act option creates a new Health Home benefit for Medi-Cal beneficiaries who are

- **FREQUENT HOSPITAL USERS or**
- **CHRONICALLY HOMELESS**

Section 2703 of ACA:
Health Homes Option

Frequent
Hospital User
Beneficiaries

Chronically
Homeless
Beneficiaries

AB 361 HEALTH HOMES

ELIGIBILITY

Physical Health

- Asthma/COPD
- Diabetes
- Traumatic Brain Injury
- Hypertension
- Congestive Heart Failure
- Coronary Artery Disease
- Chronic Liver Disease
- Chronic Renal Disease
- Chronic Musculoskeletal
- HIV/AIDS
- Seizure Disorders
- Cancer
- Cognitive Disorder

Behavioral Health

Substance Related and Addictive Disorders

Major Depression Disorders

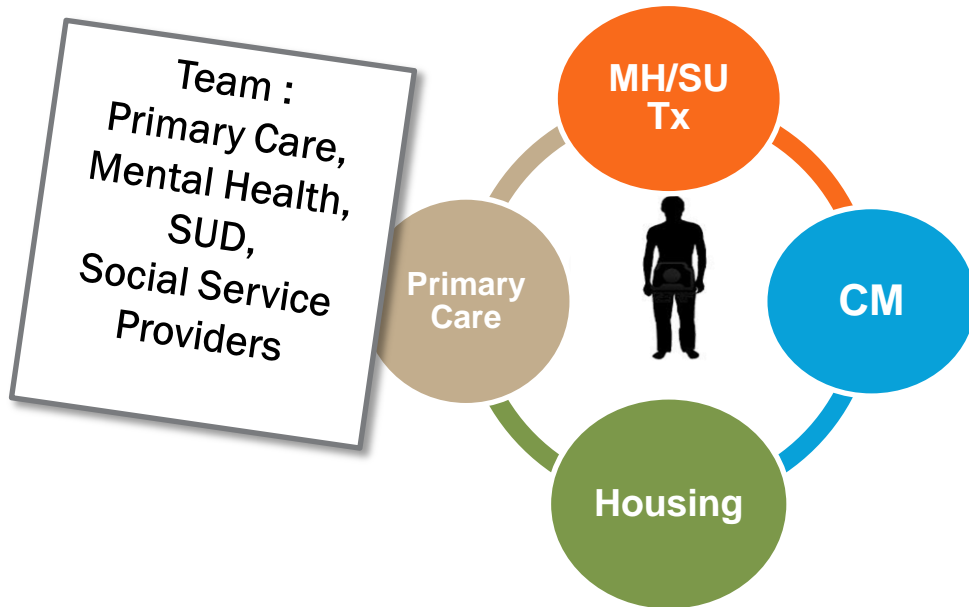
Bipolar Disorders

Psychotic Disorders (including Schizophrenia)

Personality Disorders

Trauma-and Stressor-Related Disorders





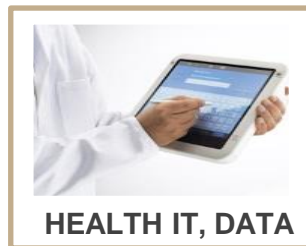
The California Endowment



2 Years: 90% Federal, 10% State
After 2 Years: 50%/50%

AB 361: “Health Homes” Bill (Mitchell)

Health Home Services Required by ACA



STRUCTURE



Rate?

Known: Per Person,
Per Month Rate,
Tiered by Complexity,
Homeless People at
Top

Unknown: How
Much?

Services Definitions?

Known: Outreach &
Engagement,
Housing Navigation,
Care Coordination

Unknown: What
Housing Stability
Services Can Be
Funded?

Eligibility?

Known: Chronic
Conditions, High
Acuity or
Combination

Unknown: Other
Limits on Eligibility,
How Will State
Determine
Severity?

HEALTH HOMES TIMELINE

Now through June, 2016:

Stakeholder Engagement

July, 2016:

CMS approval

July, 2017:

Implementation



WHAT DOES THIS MEAN FOR PEOPLE INVOLVED WITH THE JUSTICE SYSTEM?

- System Connections
- Relationships
- Who Needs to be at the Table?



Employment Strategies for Justice Involved Individuals

Andrew Picard, Manager of Strategies Initiatives- SDWP

Reentry Works San Diego

SAN DIEGO
WORKFORCE
PARTNERSHIP®

*A proud partner of America's
Job Center of CaliforniaSM network*



Andrew Picard

*Manager, Adult Programs
and Strategic Initiatives*

Ricky Valdez

Vice President of Programs

In-demand Jobs Research

- Identify 50 in-demand occupations
- Conducted in-depth interviews with employers
- Examination of special populations:
 - Including the previously incarcerated

www.workforce.org/reports



In-Demand Jobs

A Study of the Occupational Outlook in San Diego

Funded by

SAN DIEGO
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In-demand Industries

Advanced Manufacturing

Clean Energy

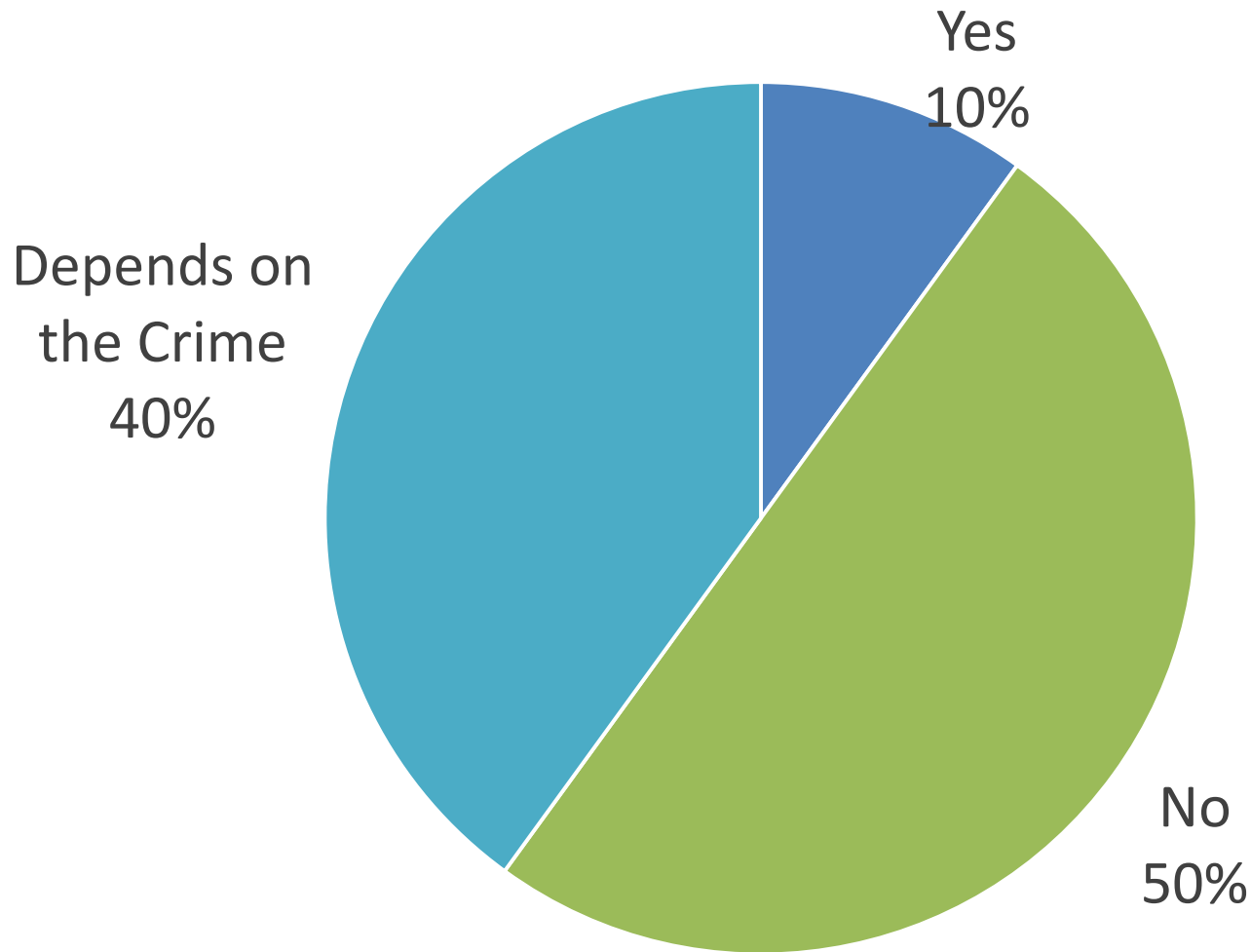
Health Care



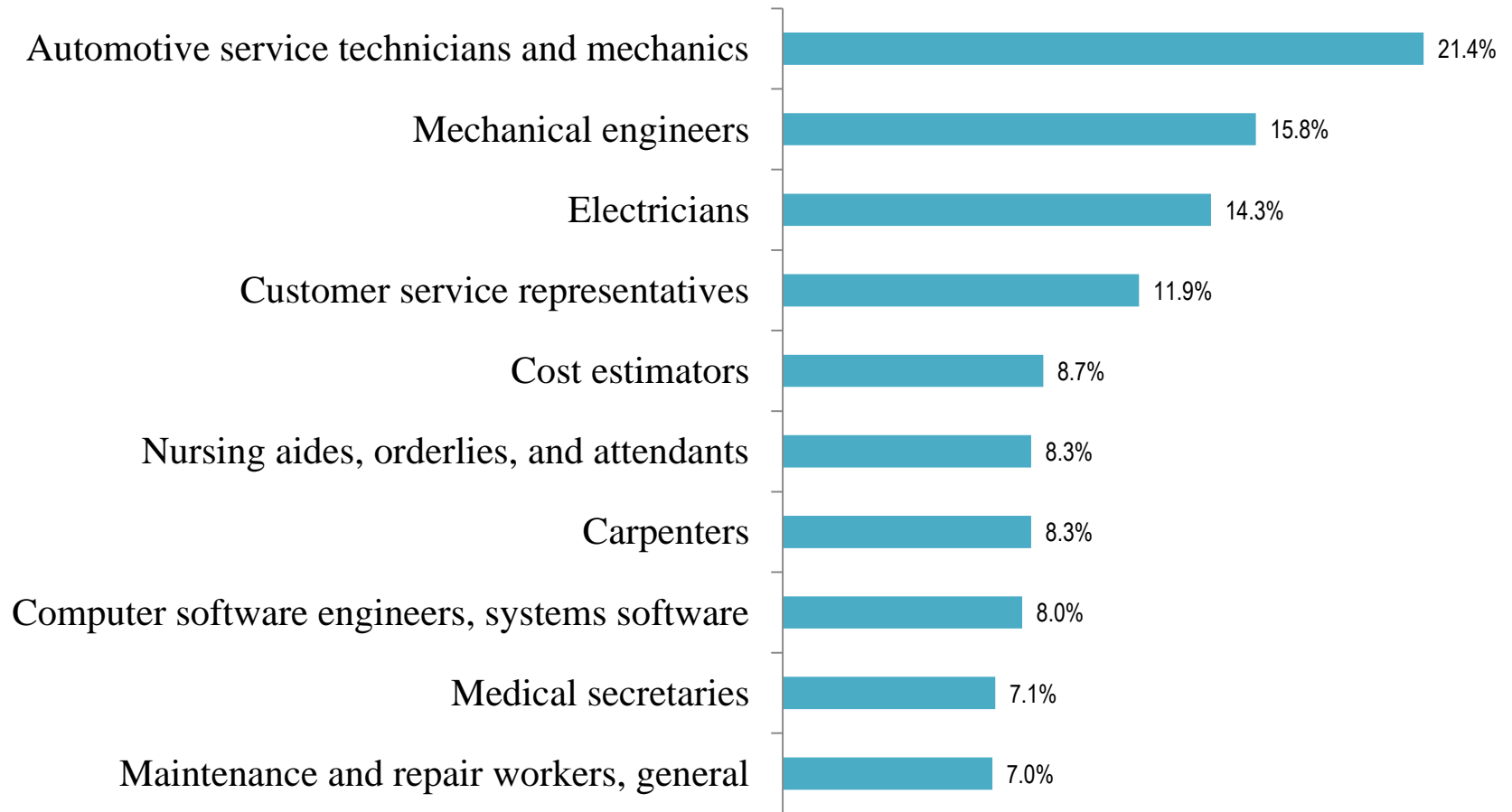
Life Sciences

Information & Communication Technology

Would you consider hiring a previously incarcerated individual?



Formerly Incarcerated Top Ten In-Demand Occupations



Reentry Works San Diego



America's **JobCenter**
of CaliforniaSM

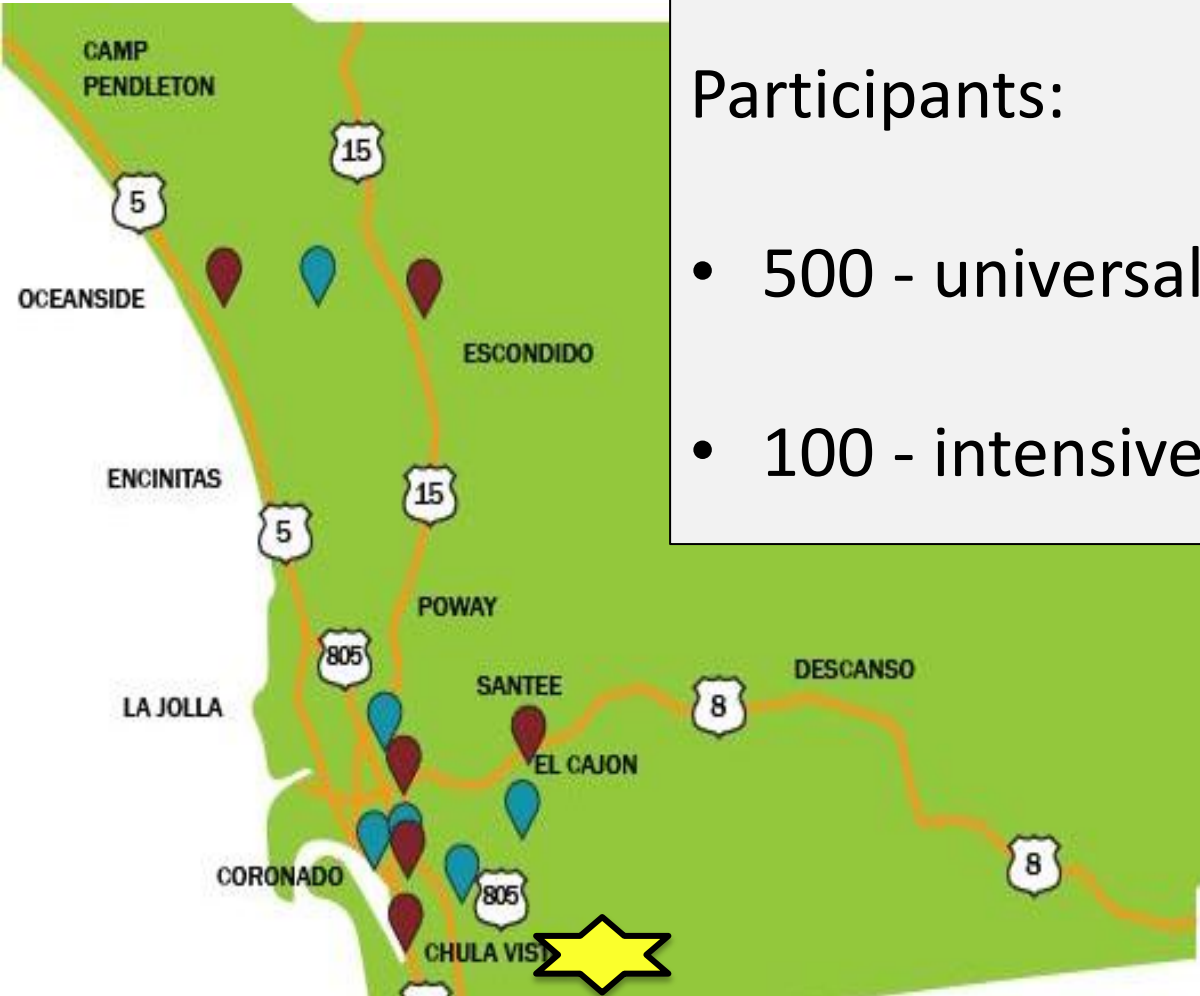
- \$500,000 grant – DOL
- 2015-2017
- Partners: SDWP + Sheriff + Probation

Second Chance



Disrupt the cycle of incarceration and poverty by helping people find their way to self-sufficiency

Goals and Services



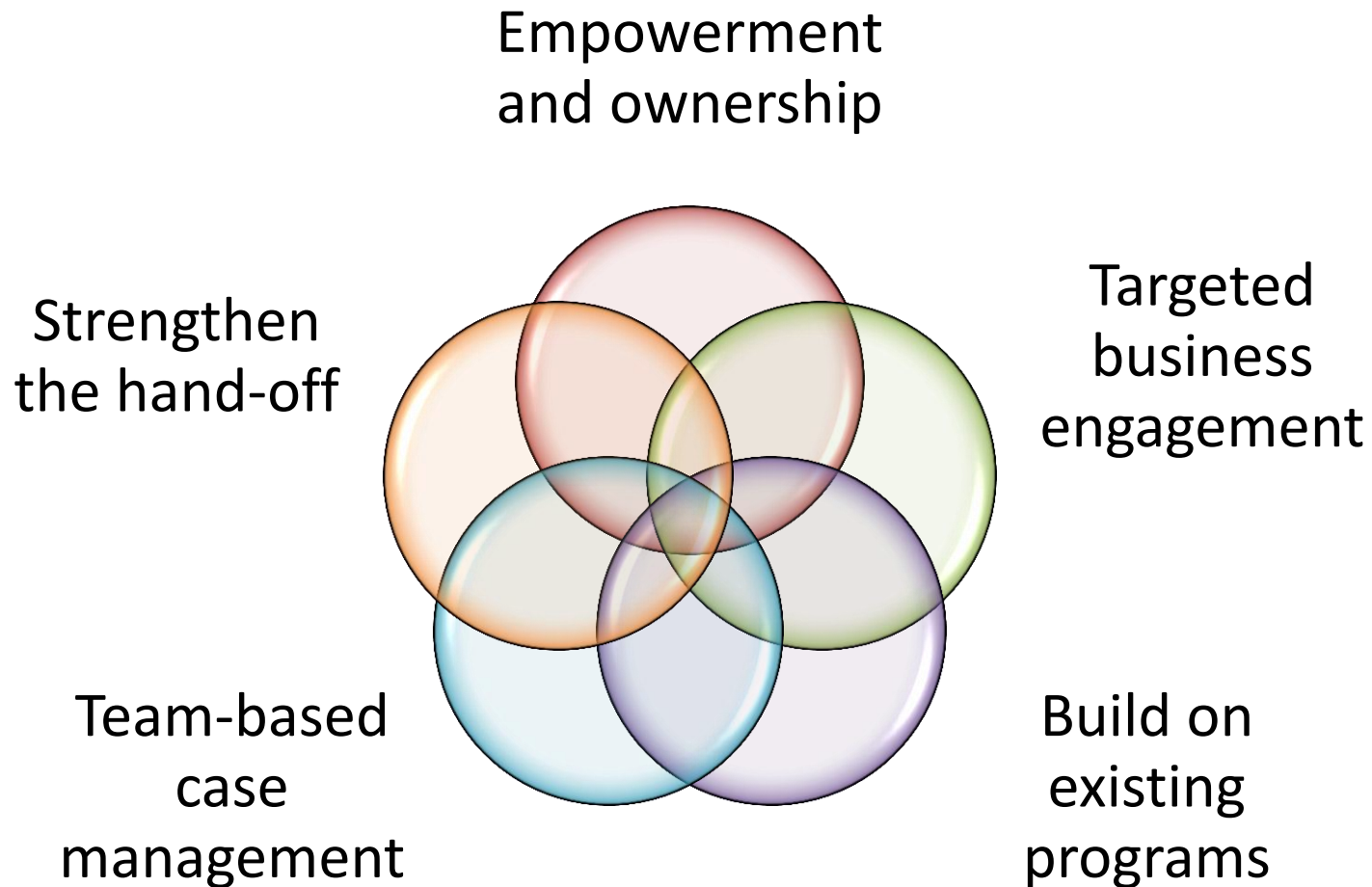
Participants:

- 500 - universal
- 100 - intensive



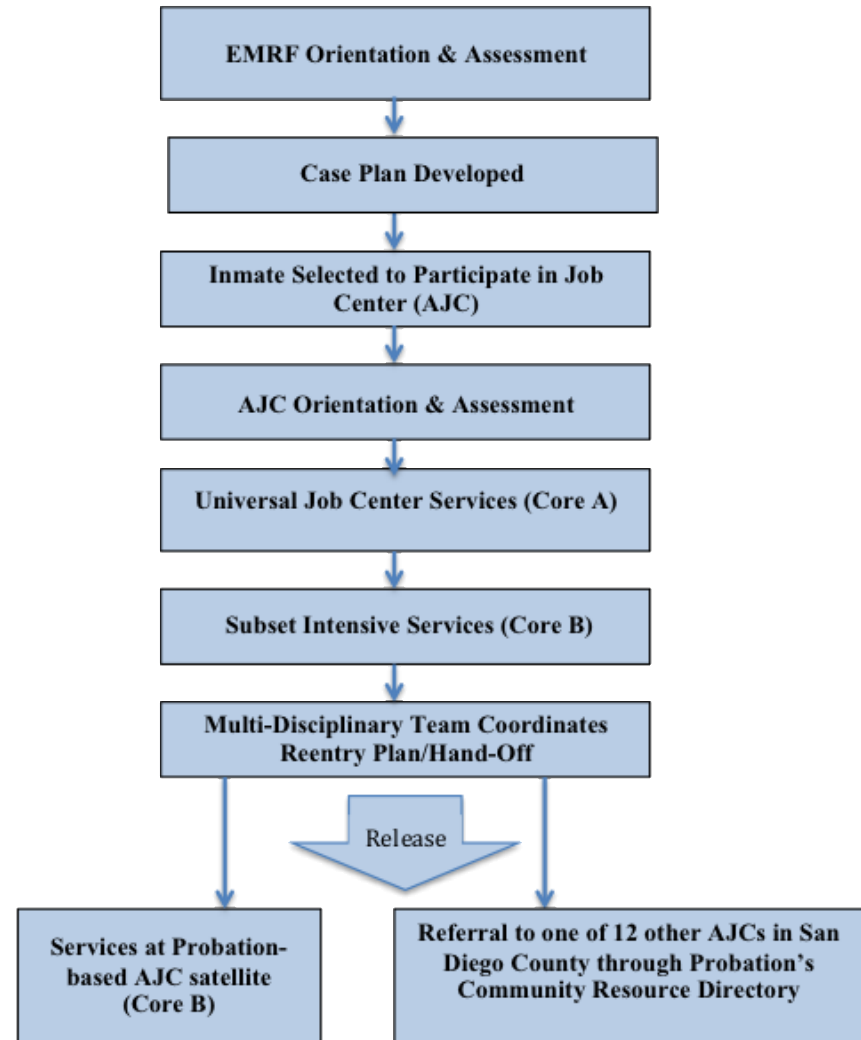
Second Chance

Key Strategies – Program Design



Team-Based Case Management

- Sherriff/Probation Staff identify participants
- Job Center staff will join the Multi-Disciplinary Team
- In-kind resources
- Shared outcomes



Integrate with Existing Reentry Programming

- Vocational programs:
 - print shop
 - culinary arts
 - food preparation, etc.
- Other existing services:
 - GED program
 - *Thinking for a Change*
 - anger management
 - substance abuse
 - and other resources



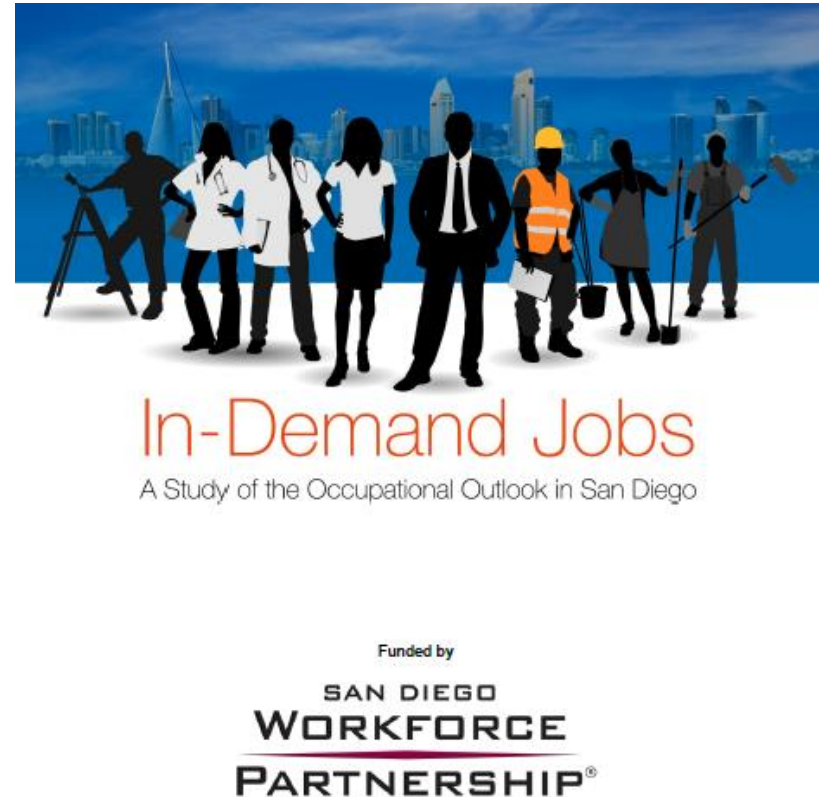


Empowerment and Ownership

- Implement peer-to-peer learning models
- Identify “team leads” for developing peer-led:
 - Career coaching
 - Assessments and testing
 - Mock interviews
 - Review resumes and cover letters

Targeted Business Engagement

- Align with SDWP research
- Develop an “Offender friendly database”
- Connect employer’s with participant wage subsidies
- Host Employer Socials on-site





Strengthening the Hand-Off

- Continuum of Care through training and supportive services
- Coordinating post-release services with Probation Officer during/after appointments
- “Job Readiness Toolkit”

Next Steps

- On-boarding staff
- Conducting focus groups with the population
- Target service delivery beginning December, 2015



Probation 2014 Needs Assessment Analysis

Dr. Geoff Twitchell, Probation Treatment Director

2014 Needs Assessment Analysis

What is the Needs Assessment Analysis?

An annual review of the needs of the adult offender population to help guide the decision making process with regard to how department resources are allocated and how services are delivered

What data is captured in this report?

Data for adults who in calendar year 2014 were on high risk formal probation or supervised in the Post Release Offender Division either on Post Release Community Supervision (PRCS) or Mandatory Supervision (MS)

Among these populations, the data reflects the number of individuals who score “high need” in each of the thirteen domains of our empirical assessment tool- the Criminal Offender Management Profile for Alternative Sanctions (COMPAS).

How is “High Need” determined?

In COMPAS, each need (or domain) is assigned a score between one and ten. A score of eight (8) or above is considered a “high need” score, with the exception of the substance abuse domain, which requires a score of (5) or above to be considered “high need”.

2014 Needs Assessment Analysis

What are the most predominant needs of these populations?

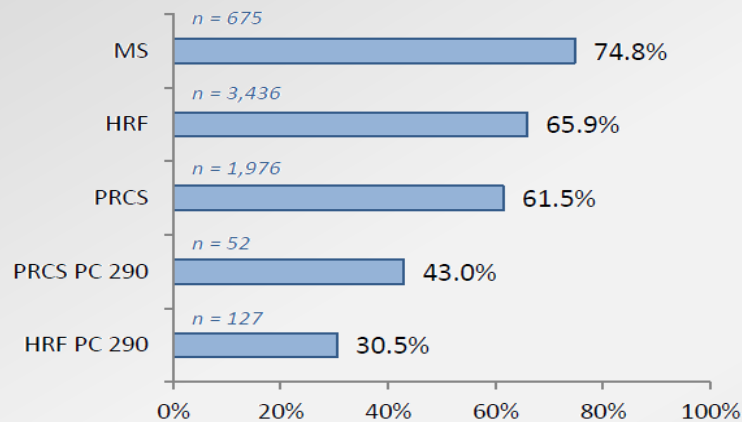
Substance abuse, cognitive behavioral therapy, residential instability, and vocational/educational all fell among the top four needs for these populations (for the exception of MS, in which criminal opportunity fell fourth and vocational/educational fell fifth).

Cognitive Behavioral	Criminal Associates/Peers	Criminal Opportunity	Criminal Personality	Criminal Thinking
Family Criminality	Financial	Leisure/Recreation	Residential Instability	Social Adjustment
Social Environment	Social Isolation	Socialization Failure	Substance Abuse	Vocational/Educational

2014 Needs Assessment Analysis

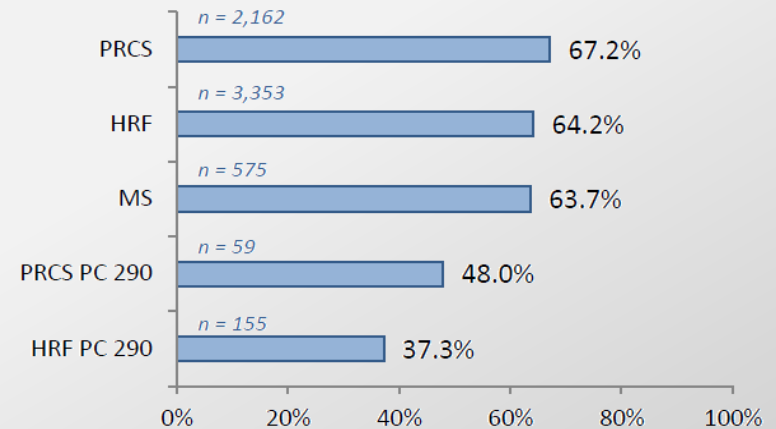
What does this mean in terms of the number of individuals who fall high in “need” of these services per year?

"High" Substance Abuse Need



Substance Abuse
Over 6,200 per year

High Need for CBT

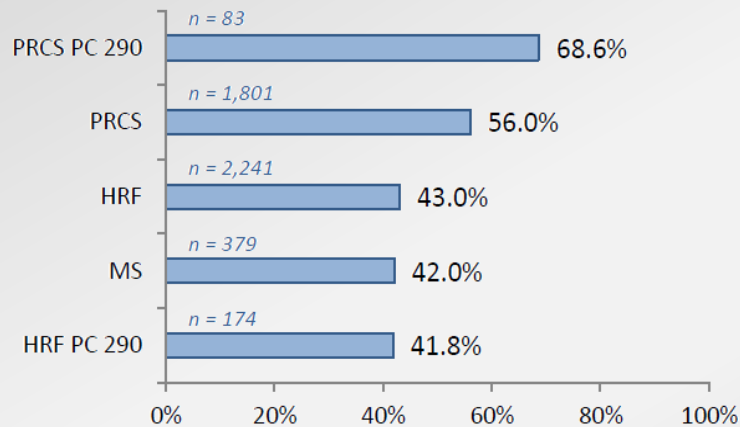


Cognitive Behavioral Therapy
Over 6,300 per year

2014 Needs Assessment Analysis

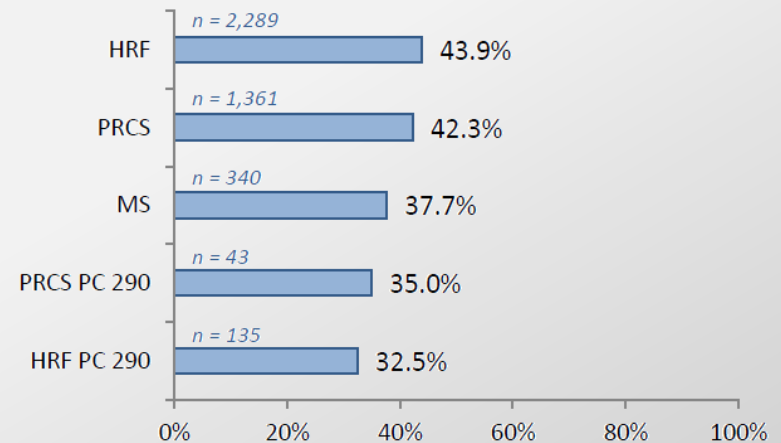
What does this mean in terms of the number of individuals who fall high in “need” of these services per year?

High Residential Instability



Residential Instability
Over 4,600 per year

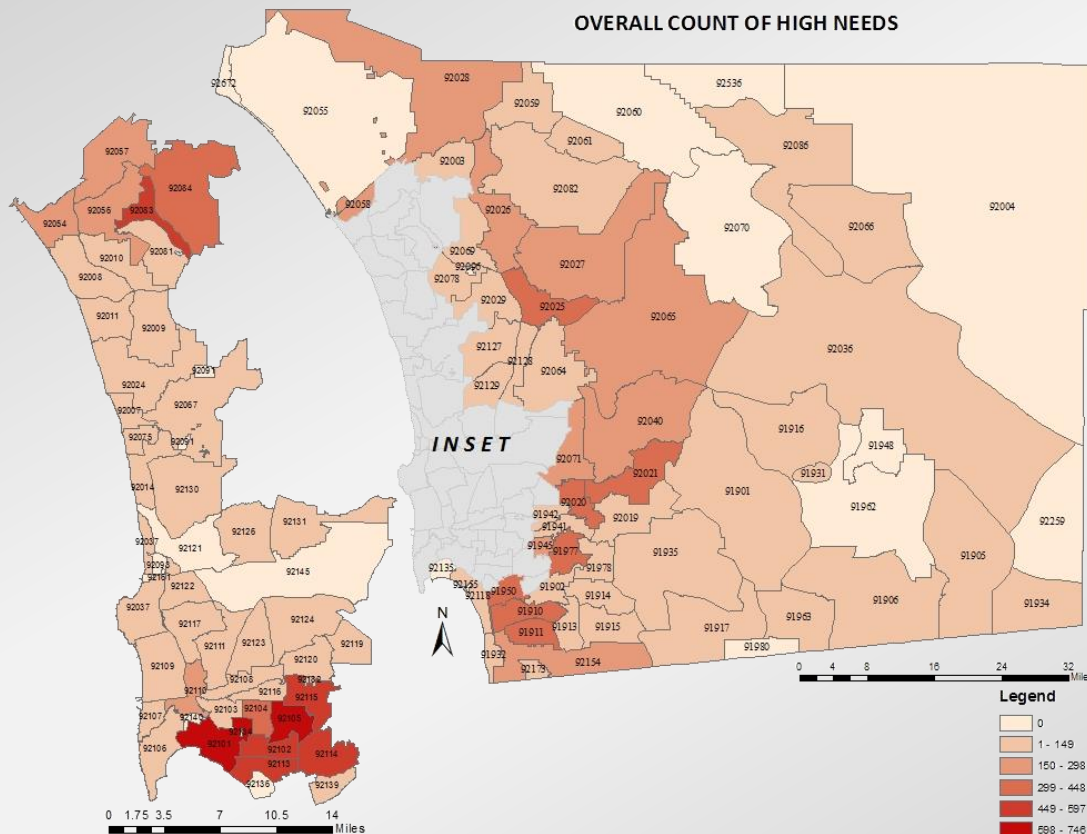
High Vocational/Educational Need



Vocational/Educational
Over 4,100 per year

2014 Needs Assessment Analysis

Generally, where do these “high need” individuals reside?



Top 10 Densest Zip Codes

1. 92105 (6%)
2. 92101 (5%)
3. 92114 (4%)
4. 92113 (4%)
5. 92102 (4%)
6. 92083 (3%)
7. 92115 (3%)
8. 92025 (3%)
9. 92021 (3%)
10. 91977 (3%)

2014 Needs Assessment Analysis

Next Steps...

- Continued analysis of the “needs” of the offender population
- Correctional Program Checklist (CPC) Implementation
The Evidence Based Correctional Program Checklist (CPC) is a program evaluation tool developed by Dr. Ed Latessa with the University of Cincinnati for assessing correctional intervention programs.

Key Features:

- Used to ascertain how closely correctional programs meet the known principles of effective intervention
- A validated tool used on both adult and juvenile programs
- Provides a measure of program integrity and quality
- All of the indicators included in the CPC have been found to be correlated with reductions in recidivism.
- The CPC can measure if a program meets the principles of risk, need, and responsivity

CPC site visits have now been completed for five treatment programs serving Probation populations.

Update from the Center for Employment Opportunities

Robert Smith, San Diego County Director, CEO



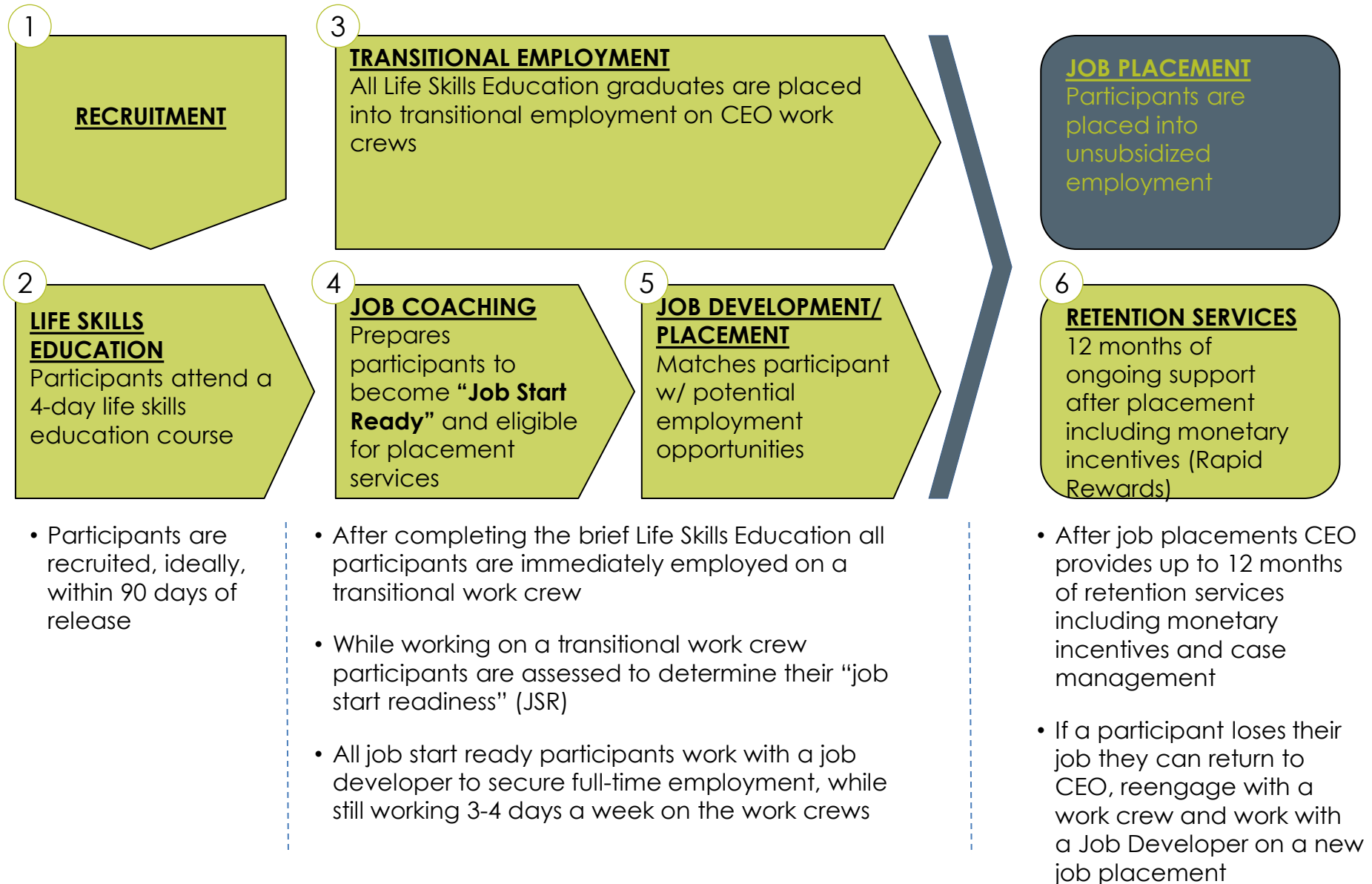
Center for Employment Opportunities





- **Mission.** The Center for Employment Opportunities (CEO) is dedicated to providing immediate, effective and comprehensive employment services to men and women with recent criminal convictions
- **Vision.** CEO's vision is that anyone returning from prison who wants to work has the preparation and support needed in order to find a job and stay attached to the labor force
- **Evidence based practice.** CEO has been proven to reduce recidivism through a 3 year random assignment trial
- **Outcomes.** In the past decade, CEO has made over 18,000 job placements for people under criminal justice supervision

CEO PROGRAM MODEL



CEO EVALUATION RESULTS

In 2012, MDRC released the results of a three-year random assignment evaluation of CEO, sponsored by the US Department of Health and Human

CEO's Impact on...	Services Finding	Outcomes
Public Safety	Statistically significant reductions on all measures of recidivism	Over 20% reduction in reconviction and returns to incarceration
Employment	Substantial increase in employment early on & some positive impacts on long term employment for some populations	1 st year improvements were substantial (44%), but faded over time
Public Spending	Over 3:1 Benefit: Cost Ratio	Up to \$3.30 saved for every tax payer dollar spent

BEST RESULTS WITH HIGHER RISK CLIENTS

These results were driven by those recently released from incarceration.

To see the full report visit: <http://www.acf.hhs.gov/news/press/2012/NYEmployExPrisoner.html>

Transitional Job Economic Impact

# of Transitional Participants	Total Transitional Earning	TJ Taxes Paid
805	\$1,069,244.00	\$213,848.80

Total # impacted by Transitional Participants	
<u># of Children</u>	<u># Impacted</u>
853	1,658

Post TJ Economic Impact

Total Participants Placed	Total # impacted by Placements	
296	<u># of Children</u>	<u># Impacted</u>
	368	664

Q4 2015 - 59% Employed – *est. 20hrs per week w/Avg \$11.00 per hr	
Est. Gross Earning	\$1,979,120.00

296 Participants claimed 368 non-custodial dependents * Low-Income Guidelines Avg 165.00 per month payment = \$48,840

Q4 2014 - 59% of = 173 participants * 1,040 hrs part-time * \$11.00 per hr. avg starting wages = \$1,979,120

* CEO only qualifies a job if it is over 20hrs per week and can be verified by paystub

CEO San Diego Outcomes

(as of 10/30/15)

- Life Skills Completions: 913
- Transitional Employment: 805
- Job Placement: 398
- Job Retention @90 days: 64%

CEO'S 4 STEPS THAT WORK

Life-Skills training

Transitional work

Permanent placement

Post - placement



LIFE-SKILLS TRAINING

A week-long class teaching clients crucial business skills with individualized guidance and program - long continued support.



TRANSITIONAL WORK

Temporary employment for
clients at CEO work sites
paying \$80 each day.



PERMANENT PLACEMENT

Clients attend job
developer
meetings and interview for
full-time employment.



POST-PLACEMENT SUPPORT

**One year of continued client
contact and structure to
ensure stability.**



CEO EXPANSION PLAN



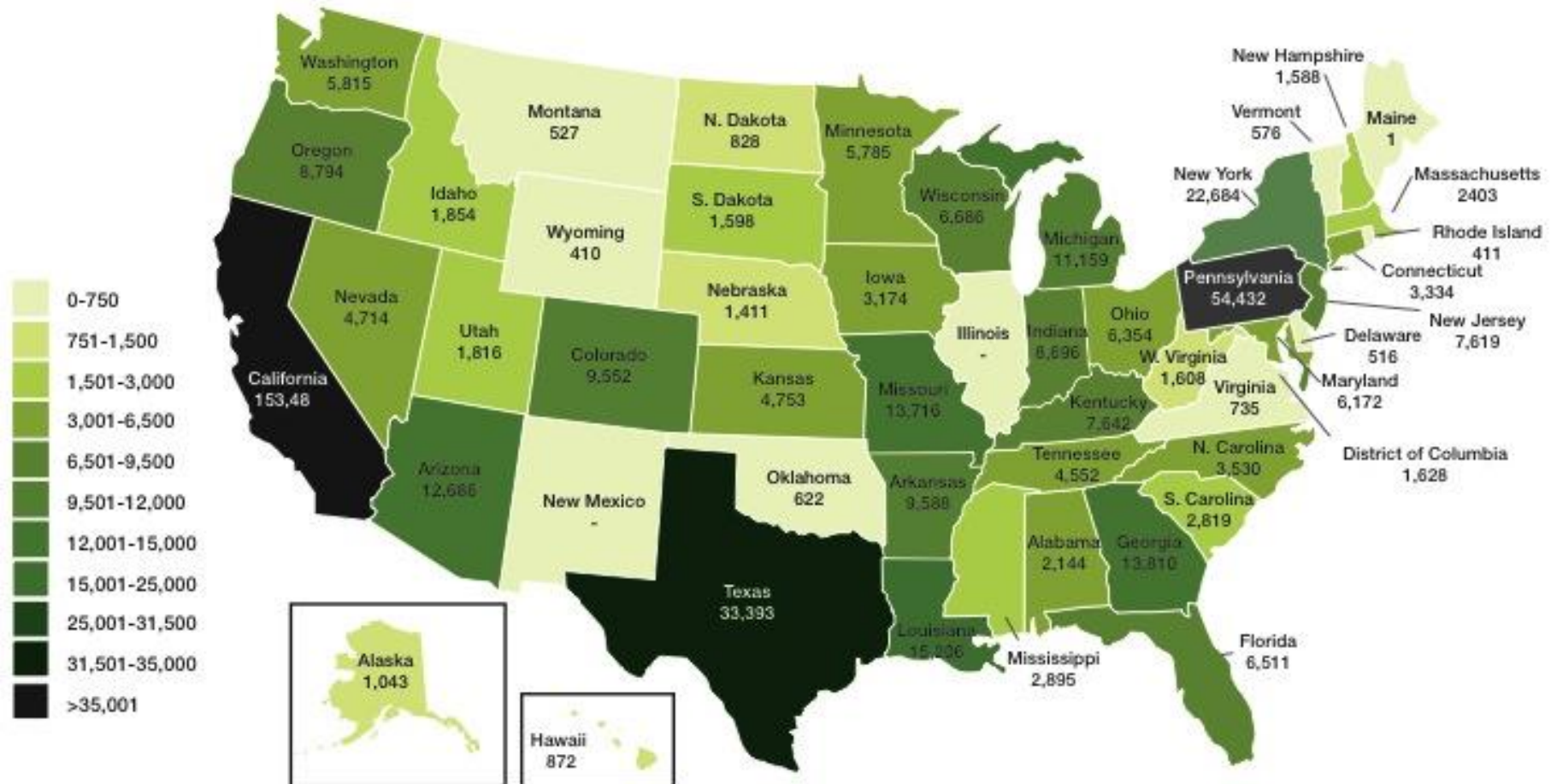
Continue to fulfill the human potential of individuals, families, neighborhoods and communities.

Shift public attitudes towards reentry policy and people with criminal convictions.

Transform social, fiscal and labor practices that will support this growth.

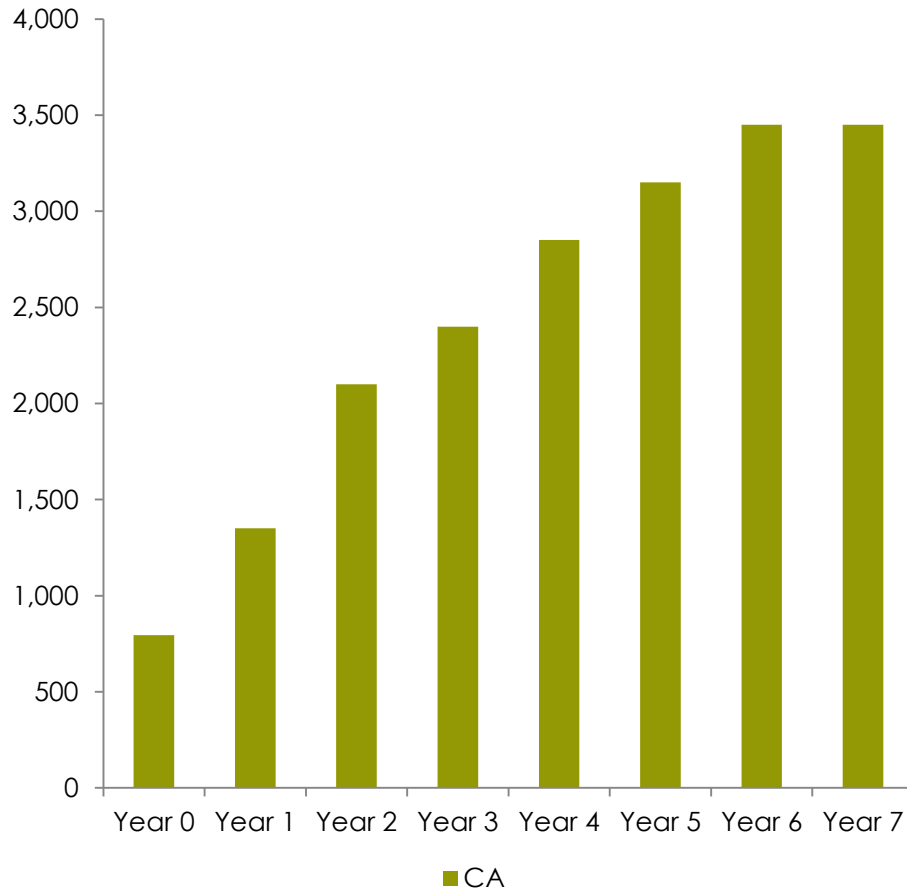


SHOWING THE NEED

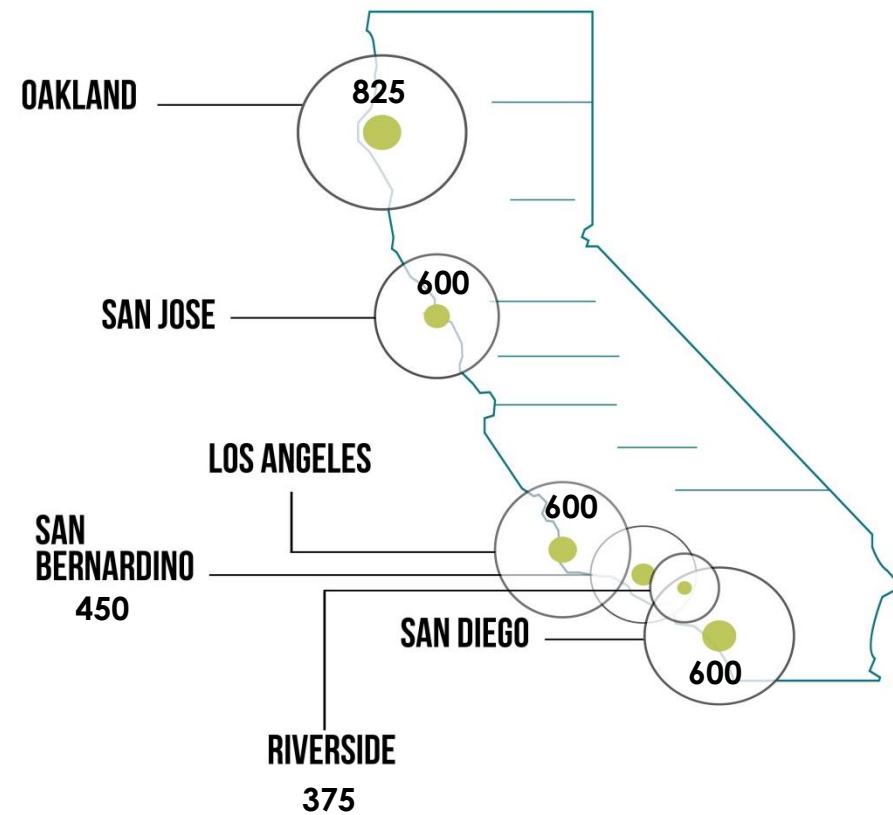


California Growth: Participants

Participants served



Year 7 CA presence



**PARTICIPANTS
SERVED :**

1996

Incorporation
as 501(c)(3) in
New York State

***216**

**2009-2010
NEW YORK STATE
EXPANSION**

Albany
Buffalo
Rochester

***1,152**

**2011-2013
NATIONAL
EXPANSION**

Oakland, CA
San Diego, CA
San Bernadino, CA
Tulsa, OK
Oklahoma City, OK
Binghamton, NY

***1,600**

**2014
NATIONAL
EXPANSION**

New CA Site
State X

Safer streets.



Healthier families



**Stronger
communities.**



**CEO helps changed lives
work better.**



Thank you.

November 3, 2015